DOCUMENT RESUME

ED 072 132 UD 013 153

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TITLE	An Evaluation of the Clinical and Guidance Services, Non-Public Schools. Final Report.
INSTITUTION	Teaching and Learning Research Corp., New York, N.Y.
SPONS AGENCY	New York City Board of Education, Brooklyn, N.Y.
REPORT NO	BE-920643
PUB DATE	Jul 72
NOTE	63p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Academic Achievement; Behavior Problems; *Clinics; Compensatory Education Programs; Disadvantaged Youth; Elementary Schools; Elementary School Students; *Guidance Services; *Private Schools; *Program Evaluation; Student Adjustment; Student Behavior
IDENTIFIERS	*Elementary Secondary Education Act Title I; ESEA Title I Programs; New York City

ABSTRACT

The Non-Public Schools Clinical and Guidance Services Program, run by the Board of Education of the City of New York, and funded under Title I of the 1965 Elementary Secondary Education Act, was designed to provide clinical and guidance services to children attending designated nonpublic inner-city schools. The program was designed so that the clinical and guidance staff would engage in all the regular activities that they would normally perform in the public schools. To evaluate the program in general, a sample of 20 elementary nonpublic schools was randomly selected for study. Teachers referred large numbers of students for service. Students who presented behavior problems were most often referred. Of those students referred, about three quarters received services. Students who received services demonstrated significant academic improvement. The attendance records of students, already relatively high on the pre-measure, showed no significant improvement. While students who received services improved their attitudes towards school, the learning process, and their teachers, they did not change their attitudes towards their school-mates. Teachers judged that the referred students' classroom behavior had also improved. Although students, teachers, and principals all valued the services, the services were less successful in influencing the learning environment of the schools. (Author/JM)

ED 072132

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FINAL REPORT

AN EVALUATION OF THE CLINICAL AND GUIDANCE SERVICES

NON-PUBLIC SCHOOLS

JULY, 1972

Evaluation of a New York City school district educational project funded under Title 1 of the Elementary and Secondary Education Act of 1965 (PL 89-10), performed under contract with the Board of Education of the City of New York for the 1971-72 school year.

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ACKNOWLEDGEMENTS

The information in this study could not have been compiled without the cooperation of a number of persons. In the Office of ESEA Title I Programs of the Board of Education, the assistance of Lawrence F. Larkin, Director of the Non-Public School Unit; and Mrs. Marion Fullen, Coordinator of Guidance Services and Peter Kollisch, Coordinator of Clinical Services was invaluable.

Appreciation is also extended to all the Field Supervisors, Counselors, Social Workers, Psychologists, Principals, Teachers and Parents who took time to complete the questionnaires, be interviewed, and offer constructive suggestions.

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EXECUTIVE SUMMARY

The N.P.S. Clinical and Guidance Services Program, run by the Board of Education of the City of New York, and funded under Title I of the ESEA, was designed to provide clinical and guidance services to children attending designated nonpublic inner city schools. The program is directed by two coordinators; one for guidance services and the other for clinical aspects of the program. The guidance staff consists of about 70 school counselors, and two supervisors. The clinical staff, drawn from the Bureau of Child Guidance, consists of 21 social workers, 1½ social work supervisors, 16 full-time psychologists and 4 part-time psychologist supervisors and a psychiatrist. The total N.P.S. Clinical Guidance staff services 154 elementary and ten high schools, all religiously affiliated in New York City.

The program was designed so that the clinical and guidance staff would engage in all the regular activities that they would normally perform in the public schools.

To evaluate the program in general, and specifically to what extent it had met its evaluation objectives, a sample of twenty elementary nonpublic schools was randomly selected for study. Evaluation objectives, formulated in terms of the program objectives, were:

A. To assess whether those students who are deemed by their teacher and/or principal in need of services receive the services of the Board of Education appointed guidance counselor, and/or social worker, and/or psychologist.

B. To assess whether 60% of those students referred for guidance or clinical services because of needs in academic achievement are rated by their classroom teacher as having made improvement in those specific subjects of weakness.

C. To assess whether students referred, for guidance or clinical services due to below-grade-level performance on standardized achievement tests have improved their academic skills so that end-of-the-year achievement test scores indicate a significant growth during the 1971-72 school year.

D. To assess whether students referred because of poor attendance have significantly higher attendance this year than in the just prior year.

E. To assess whether students referred because of a negative attitude toward school demonstrate a significant positive change in attitude at the end of the year from the beginning of the year.

F. To assess whether 60% of those students referred because of discipline problems show a significant decrease in the incidence of such problems by the end of the school year.

Major Findings and Conclusions

Teachers referred large numbers of students for service. Students who presented behavior problems were most often referred. Of those students referred, about three quarters received services.

Students who received services demonstrated significant academic improvement.

The attendance records of students, already relatively high on the pre-measure, showed no significant improvement.

While students who received services improved their attitudes towards school, the learning process, and their teachers, they did not change their attitudes towards their school-mates. Teachers judged that the referred students' classroom behavior had also improved.

Although student, teachers, and principals all valued the services, the services were less successful in influencing the learning environment of the schools.

The limitation of available worker time is the major obstacle to providing adequate attention to working with parents, teacher consultation, career development and problems within the schools themselves.

Major Recommendations

For full recommendations, see recommendations section at the end of this report.

Following is a brief summary of major recommendations:

Consideration should be given to better integrating all clinical and guidance workers, including training and supervision, and a university affiliation should be considered to enhance possibilities for training workers and providing additional help to the program in the form of student trainees.

Each school should receive at least two days of individual worker time or team assignment per week.

Intensive orientation, planning and in-service training programs should be instituted for the schools and their staffs.

An experimental satellite after-school center serving a group of schools should be organized to work with parents and provide therapeutic and remedial services.

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Chapter I

THE PROGRAM AND ITS OBJECTIVES

I Background

Over 440,000 children attend non-public schools in the city of New York. These schools fall into two general categories. Some nonpublic schools charge a substantial tuition which only the upper middle class and the rich can afford without sacrifice. Although a few disadvantaged children may attend on a scholarship basis they represent an insignificant percentage of the population of these schools. Such "private" schools tend to be elitist and restrictive in that the student body is drawn from a narrow segment of society. The other non-public schools in New York City are those with religious affiliation. As one of the primary purposes of these schools is to foster religious education among the people they serve, regardless of economic class or ethnic background, enrolled in them are large numbers of enocomically deprived and educationally disadvantaged children. Because these schools could not or do not choose to charge high tuitions and most of them receive only modest support from church connected sources, their educational resources are quite limited. It is unusual for such a school to have the financial resources to hire a counselor or secure the services of a psychologist, even on a consultative basis, yet these schools are receiving ever increasing numbers of children who live in poverty. This means that they are attempting to educate children for whom there is a high incidence of emotional, social and intellectual problems. The public could choose to close its eyes to this group of children who have such great need for remedial, guidance and clinical services, but congress decided to deal with the problem. A solution was not easy to find due to the constitutional restrictions on public aid to religiously affiliated schools. The constitutionally acceptable solution was to provide services directly to the students and not to the schools (for the purposes of this study we are concerned only with clinical and guidance services). This principle was embodied in Title I of the Elementary and Secondary Education Act.

This act provided funds for the New York City Board of Education to set up an Office of Title I ESEA funded programs and within that office, a unit for non-public schools programs. They were faced with the problem that services were to be provided directly to children and not to schools. This concept, however, was inconsistent with the best practice in the disciplines of school guidance, school psychology and school social work. To divorce the child from the educational setting is to imply that the main causes of school behavior are dictated only by inner forces, i.e. needs, drives and impulses that the child brings with him to the school. Modern practice now recognizes that factors and dynamics operating within the school strongly influence behavior and, more importantly, that alteration of these factors results in changes in student behavior. As long as the law prevented services to the non-public schools this unit was working under a decided professional disadvantage.

It is important to point out this dilemma because it places a major constraint on the operation of the clinical and guidance services and what they might accomplish. It would also be of great interest to examine to what degree professionals can function effectively in such a restricted manner. Finally, it is of value to the public to understand the operational implications of its political decisions.

II Structure of the Program

The program has just completed its sixth year. It is a recycling of the ESEA Clinical Guidance Program for pupils in designated non-public schools for the school years of 1966-67 to the present.

The Clinical and Guidance Services Program is part of the Title I, ESEA Non-Public School Unit, which also provides other services to students in non-public schools, including English as a Second Language, Corrective Reading, Corrective Math and Speech. The Non-Public School Unit is part of the Office of ESEA Title I Programs which in turn is part of the Division of Funded Programs, headed by an Assistant Superintendent of Schools. The Clinical and Guidance Program operates under a Coordinator for guidance services and a Coordinator for clinical services.

Added to this vertical organization are the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance. School psychologists and the school social workers are drawn from BCG while the guidance counselors are independently recruited into the program. At this point in time these two bureaus appear to vary considerably in their resources and consequently in what they might provide to the program in the way of non-staff support. BCG has been far less affected by the decentralization of schools in New York City than has BEVG. Much of the responsibility for guidance services has been placed in the local districts while clinical services retain a stronger centralized position.

III The Participating Schools

Under Title I guidelines there were 150 non-public elementary schools receiving clinical and guidance services at the start of the 1971-72 school year.* During the year four more schools received services bringing the total to 154. About 80% of these schools are connected to the Roman Catholic Church, while approximately 11% offer Jewish education. Four denominations (Lutheran, Greek Orthodox, Episcopalian and Ukranian Orthodox) comprise the remaining 9 percent. The largest number of these schools (42%) are located in the borough of Brooklyn, with another 33% in Manhattan and 16% in the Bronx. The remaining 9% of schools are found in Queens and Richmond. See table 1 following page.

By New York City Public School standards these schools tend to be small, few having more than 600 pupils. Almost all of these schools house eight grades while some of them have a kindergarten it is not unusual, particularly among the Roman Catholic schools, to forego the kindergarten due to lack of space, and financial considerations. Many of the children, therefore, have spent a year in the public schools before enrolling in the non-public schools. The economics of scarcity, under which most of these schools operate, also dictates large class sizes generally ranging from 30 to 40 students per class.

* There were approximately ten high schools receiving services, but for methodological reasons they are not included in this study. For a list of schools in sample, see Appendix A.

TABLE 1

Distribution of the Non-Public

Elementary Schools in New York City

That Received Clinical and Guidance

Services (N = 154)

Borough	Roman Catholic		Jewish		Lutheran		Greek Orthodox		Episcopalian		Ukranian Orthodox	
	N	%	N	%	N	%	N	%	N	%	N	%
Manhattan	47	38	4	23			1	25				
Bronx	19	15	3	18	2	33	1	25				
Brooklyn	45	36	10	59	4	67	1	25	2	100	1	100
Queens	8	06					1	25				
Richmond	5	04										
Total	124	99	17	100	6	100	4	100	2	100	1	100

The non-public schools have virtually no supportive services outside of Title I assistance. In some instances the school principal is a teacher principal who must fulfill administrative and supervisory functions in addition to a part-time, or even full-time teaching schedule. Clinical and guidance services would be almost non-existent within these schools without the benefit of Title I staff.

IV. Clinical and Guidance Staff

The staff consists of both full-time and per diem professionals. Assignments fluctuate slightly during the year and, therefore, personnel statistics vary within a small range. By March the equivalent of 21.2 social workers, 69.2 counselors and 16.2 psychologists were assigned to the non-public elementary schools. This included plug-ins and augmented central services. All of the original central 45 counseling, 18, social worker and 6 psychologist positions were staffed.

Table I presents the modalities of clinical and guidance staff providing services for the NPS schools.

TABLE 2

Composition of Clinical and Guidance Staffs in the Non-Public Elementary Schools

Staff Composition	Number of Schools	Percent
Social Worker only	0	0
Counselor only	78	50.5
Psychologist only	1	0.6
Social Worker and Counselor	53	34.6
Social Worker and Psychologist	1	0.6
Counselor and Psychologist	18	11.7
Counselor, Social Worker and Psychologist	3	2.0
TOTAL	154	100

About half the schools receive the services primarily of a counselor, while more than a third have the services of a social worker and a counselor while only three schools have a counselor, social worker, and psychologist assigned on a regular basis. The staff members are assigned to a school on the basis of the number of enrolled students meeting the guideline definitions of a disadvantaged child. This results in assignments ranging between a half day every other week to three days a week per staff member. The overwhelming majority of staff workers are assigned to a school for one or two days per week. While all of the couselors and social workers have fixed assignments to specific schools the psychologists operate, for the most part, on a referral basis. The six psychologists on the staff do have a few school assignments but as they must service over 150 schools such fixed assignments are necessarily limited in number.

The workers of the three disciplines are generally not at a given school on the same day, because there is rarely enough space to house more than one professional at a time.

The regular staffing of the non-public schools is supplemented by what is referred to as "plug ins." A "plug in" is additional professional time paid for by the local public school district. Over the entire program "plug ins" add the equivalent of about ten full-time staff who provide about fifty working days a week to the participating schools. These contributions by the local school districts broaden the program by about a sixth.

All the couselors are supervised by two supervisors who roughly divide the city geographically between them. Although they spend most of their time in the field, with over 75 schools each, their visits to any given school are necessarily few. Despite this wide coverage, the couselors find the supervisors very accessible, if only often, by phone. The social workers have a full time supervisor besides the clinical coordinator who carries out supervision in addition to his administrative functions. The psychologists have no budgeted supervisor; however, the coordinator has borrowed supervisory time from the BCG, thereby providing the services of a part time supervisor to the program.

The program also provides psychiatric services which were provided by three regularly assigned staff for a total of 15 hours per week.

The Program in Operation

The recycling proposal for the 1971-72 school year stated that the program would include the following activities:

A. Observation of pupils individually and/or in groups.
B. Direct work with pupils on an individual and group basis as well as psychological examination where indicated.

C. Teacher orientation of non-public school staff related especially to the understanding of the goals of the guidance and clinical services being offered, methods of observance and recording child behavior (anecdotal records), procedures for referral of pupils, interpretation of test results, understanding pupil behavior, mental hygiene as prevention of pupil maladjustment, and other relevant areas which contribute to the program goals. This to be accomplished through conferences, workshops by professional staff, and by supervisors.
D. Workshops to be conducted and staff meetings attended for the above purposes.
E. Parental involvement as an essential part of the program. All staff are to participate in programs involving parent education--to the degree possible in each school--through attendance at parent meetings, conducting parent workshops geared to developmental or special problems, and through individual conferences. The parent of each referred pupil is to be seen.
F. Records and reports are to be included as an essential procedural function. Each member of the professional team will maintain a daily log or other mandated statistical reports which will serve as a summary of his or her activities. In addition, records and interviews with pupils, teachers, administrators, supervisors, parents, and others will be maintained.
G. Field supervision is to be provided in each discipline. In addition to these stated activities, a number of others are carried out to varying degrees in the program.
H. Referral of students to community agencies and out patient clinics.
I. Assisting students in selecting and placement in high schools.
J. Consulting with principals about educational policies.
K. Supervision and conducting of special activities such as a high school student tutor program, evening parent workshops and classroom instruction in psychological education.
L. In-service training for the clincial and guidance staff.

These program activities are simply enumerated here. An evaluation of the activities are reported in the "findings" section of this report.

Program Objectives: Following are the objectives as stated in the program proposal:

A. Those students who are deemed by their teacher and/or principal in need of guidance services are to receive the services of the Board of Education appointed guidance counselor.
B. Sixty* percent of those students referred for guidance services because of needs in academic achievements should be rated by their classroom teacher as having made improvement in those specific subjects of weakness.

* This percentage was lowered from the original 80% that appeared in the recycling proposal. The evaluation staff fully agreed that the original percentage of 80 was overly ambitious and suggested the more realistic figure of 60% which is challenge enough when working with problem children in a disadvantaged population.

C. Sixty per cent of the students referred to guidance services because of below-grade-level performance on standardized achievement tests should improve their academic skills so that end-of-the-year achievement test scores indicate a growth at a significantly higher rate than in previous years.
D. Sixty per cent of those students referred to the guidance counselor because of poor attendance should have significantly higher attendance this year than in the just prior year.
E. Sixty per cent of the students referred to the guidance counselor because of a negative attitude toward school should demonstrate a significant positive change in attitude at the end of the year from the beginning of the year.
F. Sixty per cent of those students referred to the guidance counselor because of discipline problems should show a significant decrease in the incidence of such problems in the last quarter of the year as compared to the quarter just prior to guidance referral.

Evaluation Objectives: The program objectives were translated into the following evaluation objectives:

A. To assess whether those students who are deemed by their teacher and/or principal to be in need of services receive the services of the Board of Education appointed guidance counselor, and/or social worker, and/or psychologist.
B. To assess whether 60% of those students referred for guidance or clincial services because of unsatisfactory academic achievement are rated by their classroom teacher as having made improvement in the specified subjects.
C. To assess whether students referred, for guidance or clinical services due to below-grade-level performance on standardized achievement tests have improved their academic skills so that end-of-the-year achievement test scores indicate a growth at a significantly higher rate than in previous years.
D. To assess whether students referred because of poor attendance have significantly higher attendance this year than in the just prior year.
E. To assess whether students referred because of a negative attitude toward school demonstrate a significant positive change in attitude at the end of the year from the beginning of the year.
F. To assess whether 60% of those students referred because of discipline problems show a significant decrease in the incidence of such problems by the end of the school year.

CHAPTER 2

Methods and Procedures

Population and Sample

The general population of this study consists of the children in the 154 non-public elementary schools who were referred for and received clinical or guidance services. The kind and amount of services they received varied considerably. Some students were seen once for ten or fifteen minutes for a very minor problem or because they were only seeking information. Other students were seen intensively, on a regular basis and a few were seen over the entire school year. As the focus of this evaluation is on the effects of clinical and guidance services on individual students, it was decided to study only those students who had been seen six or more times by the clinical and guidance staff during the year. The number six was chosen because it is highly unlikely that clinical and guidance services could have an impact on children with significant problems in fewer contacts.

The specific population of this study, therefore, consists of all the children in the non-public schools who were referred for clinical and guidance services and had six or more contacts with project staff.

To study this population, it was decided to draw a sample of at least 10 per cent of the schools affiliated with each of the religious denominations. Table 3 presents the sample size for each denomination.

Table 3

Sample Size of Schools According To Religious Affiliation

Affiliation	Population N	Sample N	% of Population
Roman Catholic	124	13	11
Jewish	17	3	18
Lutheran	6	1	17
Greek Orthodox	4	1	25
Episcopalian	2	1	50
Ukranian Orthodox	1	1	100
Total	154	20	13

The sample was randomly drawn by borough for the Roman Catholic and Jewish schools. The random selection for the other four denominations was made on a city-wide basis.

There was no selection of students within the twenty school sample. All students who were seen by project staff six times or more were included for study. Table 4 presents the distribution of these students by grade, age, and sex.

Table 4

Distribution of the Sample
by Grade, Age, and Sex

Grade	N	%	Age	N	%	Sex	N	%
1	18	7	6	23	9	Male	152	60
2	17	7	7	20	8	Female	100	40
3	23	9	8	24	9			
4	33	13	9	29	11			
5	64	25	10	28	11			
6	19	8	11	40	17			
7	35	14	12	32	13			
8	43	17	13 & over	56	20			
Total	252	100		252	98		252	100

Table 4 indicates that children in the primary grades constituted the smallest part of the sample and that almost one third of the students were in the 7th and 8th grades. The age distribution parallels the grade distribution. Those seen tended to be the older children in the schools while the youngest children were the least often seen. Finally, boys received services more often than girls in a ratio of 6 to 4.

Evaluation Design

To study evaluation objective A all teachers in the sample schools were asked, by questionnaire, how many students they referred for services to the counselor, social worker, and/or psychologist and how many students actually received services.

To assess evaluation objective B the teachers were asked on the questionnaire to rate the change, if any, in the referred child's performance in the academic subject area or areas, which caused the referral. In addition to determining whether 60% of the sample met the improvement criterion, a chi square was used to assess whether a significantly greater proportion of the sample was judged by their teachers as having improved compared to those judged to have made no improvement or to have shown a deterioration in performance. *

To study evaluation objective C, sample students' reading and mathematics standardized achievement test scores prior to the 1971-72 school year were used as a pre-test measure. These were then compared to the gains made by students in the sample during the 1971-72 year. ** To compare mean gains a correlated t test was used. *

* .05 level of significance
** This evaluation objective was modified as data for rates of growth in preceding years was not available for most of the students.

To study evaluation objective D attendance data for the 1970-71 and the 1971-72 school years were compared. A correlated t test* was used to determine whether there was a significant different between the mean absentee rates of the two school years.

Assessment of Objective E was modified because of a delay in the approval of an instrument. Also under the original design the questionnaire would have to be administered to all children referred as there was no way of forecasting which children would eventually be seen six times or more. Consequently, to measure this objective it was decided to use a single questionnaire to assess student attitudes towards school (see Appendix B). The questionnaire was administered to students in the sample schools seen six or more times by Clinical and Guidance workers. The questions on the survey were categorized into attitudes about: a) teachers, b) peers, c) school, d) learning, e) guidance and clinical services. The percent of students showing positive attitudes in each category were tabulated with criterion for "significant positive change" being whether 60% of the sample reported positive attitudes in each category. Although without a pre-post measure or control group, it is difficult to assess whether a change in attitude did in fact take place, it can reasonably be assumed that most of the children referred for clinical or guidance services had some degree of negative attitudes about their school experiences. This assumption was supported in the interviews with the school principals. Based on this hypothesis, if a majority of the sample students do report positive attitudes after receiving clinical and guidance service, the questionnaire responses could be said to reflect a positive change during the school year.

To study evaluation objective F the teachers were asked in the Teacher Questionnaire (see Appendix D) to report the number of students referred for various reasons related to classroom management, and whether these students improved in the respective categories. The evaluation improvement rate was set at 60% for each category. A chi square was used to determine whether the incidence of the numbers showing improvement was statistically significant.

* .05 level of significance

Chapter 3

Findings - Results of Questionnaires and School Records Data

This chapter presents the quantitative data related to the evaluation objectives. Findings are presented concerning:

1. The pupils who were referred and who received clinical and guidance services.
2. Their degree of scholastic improvement.
3. Levels of achievement in reading and mathematics as reflected by achievement tests.
4. Attendance records.
5. Student attitudes towards school. (See appendices B & C)
6. Behavioral changes related to discipline.
7. Student attitudes toward the clinical and guidance services (see Appendix C).
8. Teacher opinions regarding the services. (see Appendix D)
9. Principal opinions regarding the services (see Appendix E).

I. Referrals and Service Provided

All classroom teachers in the sample referring students for clinical or guidance service were asked to cite the number of students they had referred and to provide data concerning the nature of the referral. 105 teachers supplied the requested data. There were approximately 300 classroom teachers in the sample schools. Based on interviews, the evaluation staff estimated that about 90% or 270 teachers had made referrals. Thus, the 105 teachers who completed and returned questionnaires represents about 40% of the classroom teachers in the schools Table 5 presents the teachers claims of the number of students they referred with the reasons for referral.

Table 5

Students Referred for Services

and Reasons for Referrals

Reasons for referral	Clinical and Guidance Worker Referred to: Counselor N	%	Social Worker N	%	Psychologist N	%	Total N	%
1. Non-compliance with school routines	101	17	7	13	6	17	114	17
2. Verbal aggression towards peers	37	6	5	9	5	14	47	7
3. Verbal aggression towards staff	26	4	3	6	4	11	33	5
4. Damage to school property	12	2	3	6	0	0	15	2
5. Drug and/or alcohol use	1	.2	0	0	0	0	1	.2
6. Physical aggression towards peers	49	8	7	13	0	0	56	8
7. Physical aggression towards staff	3	.5	0	0	0	0	3	.5
8. Shy, withdrawn behavior	54	9	2	4	2	6	58	8
9. Excessive absence or tardiness	12	2	1	2	2	6	15	2
10. Possible mental retardation	16	3	3	6	1	3	20	3
11. Poor academic work	81	14	7	13	12	34	100	15
12. Family problems	71	12	11	20	3	9	85	13
13. Perceptual or expressive problems	29	5	3	6	0	0	32	5
14. Other: Please specify	90	15	2	4	0	0	92	14
Totals	582	97.7	54	102	35	100	671	99.7

Of the 671 students referred by teachers an overwhelming majority, 87% were referred to the counselor, following typical instruction given by principals who view the counselor as the generalist who performs the screening function. The single greatest reason for referrals, behavior problems accounted for 40% of the referrals (items 1, 2, 3, 4, 6, and 7). Close to a quarter of the pupils were referred for learning problems (items 10, 11, and 13) and 13% of the students were referred for family problems. Most of the 14% referred for "other" reasons should be added to the family problem group as most of the other reasons cited related to problems due to economic deprivation. Only one student was referred for a drug problem and less than one child in ten was referred for personality problems that did not result in acting-out behavior.

Teachers were also asked how many of the students they referred were seen by the clinical and guidance staff.

Table 6

Number and Percent of Students

Referred that Were Seen by

the Clinical and Guidance Workers

	Number Referred	Number Seen	% of Students Referred that Were Seen
Counselor	582	371	64
Social Worker	54	42	78
Psychologist	35	35	100
Total	671	448	67

Table 6 indicates that one third of the students referred were not seen by the clinical and guidance staff. To evaluate the data in Table 5 and 6 meaningfully, two corrective factors must be kept in mind. First, based on the number of teacher questionnaires returned, the referral figures could be at least doubled. Secondly, since workers generally spend only one or two days a week in a school, the projected figures need to be multiplied by some factor between 2 and 4 if the data is to be viewed from a "full time" point of reference.

Referral data for one randomly selected month was also obtained from the clinical and guidance staff. As all staff members reported, the figures are more complete than those obtained from teachers. During the randomly selected month (late in the Spring) workers reported 78 new referrals in the twenty schools, which added to their existing total case load of 1026. This new total of 1104 (excluding cases that had been closed during the preceding months) is very much in line with the figure that would result from doubling the 671 referrals reported by the incomplete teacher returns.

It then appears safe to conjecture that at least 1300 referrals were made by teachers during the year and that the actual figure is probably closer to 1500. This would represent an average of about 75 pupils per school.

Finally, a discrepancy exists between teachers' and workers' reports of the percentage of pupils referred and not seen. The teachers report that about 33% of referred students were not seen while workers report less than 15% of referred students on their waiting lists. The discrepancy might be due to feedback problems existing in the schools.

II. Scholastic Improvement

The teachers also reported the number of students referred due to unsatisfactory performance in subject areas. They were also asked to judge the progress made by referred students in these subjects subsequent to the referral.

Table 7

Students Referred for Unsatisfactory

Achievement and Subsequent Progress

Subject	(1) Number Referred	(2) No Improvement		(3) Some Improvement		(4) Good Improvement	
		N	%	N	%	N	%
Reading	183	20	11	98	54	65	35
Language Arts	45	12	27	23	51	10	22
Arithmetic	109	23	21	61	56	25	23
Social Studies	13	6	46	7	54	0	0
Science	12	6	50	6	50	0	0

Column 1 in Table 7 reflects varying interpretations by the teachers, as some cited one subject while others cited two or three for a given

student. Some teachers cited students who were doing unsatisfactory work regardless of the primary cause of referral. Despite these differences each number in column 1 represents students who were performing at an upsatisfactory level in those subject areas;however because of the interdependence of catagories the results of Table 7 must be interpreted with some caution.

The greatest number and percent of students were referred for difficulties in reading and arithmetic. In reading, 89% showed at least some improvement and better than one third of the students demonstrated good improvement. In arithmetic three quarters of the students referred were judged to have improved at least somewhat and almost one student out of four showed good improvement with approximately the same percentages for language arts. While the evaluation criterion of improvement by 60% of the students referred was easily met for reading, language arts, and arithmetic, less improvement was manifested in social studies and science. In the latter areas as many students failed to improve as did improve.

To determine whether the proportions of students judged to have improved was significantly higher than those who did not, a chi square statistical procedure was employed.

Table 8

Chi Square Values of Proportions

of Students Judged to

Have Improved Academically

Subject	No Improvement	Some or Good Improvement	Chi Square
Reading	20	163	54.9**
Language Arts	12	33	4.4*
Arithmetic	23	86	18.4**
Social Studies	6	7	0
Science	6	6	0

* Significant at .05 level
**Significant at .01 level

Again the evaluation criterion was satisfied in reading and language arts, and arithmetic but not in social studies and science.

The scholastic improvement data must be interpreted with some caution as some of these children were also being seen by Title I reading and arithmetic remedial teachers. Of students with reading problems about one half (96) referred to clinical and guidance services, were also being seen by a remedial teacher, with approximately one third (15) for language arts and about 40% (46) for arithmetic.

III. Achievement Test Results

To study changes in the basic skill areas of reading and mathematics, results of achievement tests administered in the Spring of 1972 were compared to results of tests administered in the Spring of 1971. Tables 9 and 10 present the results of these comparisons.

Table 9

Pre Test and Post Test Values on

Standardized Achievement Tests

	Reading (N = 201)		Math (N = 164)	
	Mean	S.D.	Mean	S.D.
Spring 1971	4.12	2.03	4.46	1.73
Spring 1972	4.95	2.29	5.33	1.87

Table 10

Mean Increase of Achievement Test Scores

	Reading	Math
Increase	.83	.87
t	10.82**	13.07**

** Significant at the .01 level

Tables 9 and 10 indicate that the mean increase of achievement test scores in reading and mathematics exceeded eight months and that this improvement was highly significant. It was impossible to compare these increased scores to those of preceding years due to the scarcity of available data. To clarify the meaning of these values, changes in achievement test results were tabulated according to 5 month (half year) intervals. Table 11 presents these findings.

Table 11

Distribution of Changes in Achievement Test Scores Between Spring 1971 and Spring 1972

Months of Increase or Decrease	Reading		Math	
	Number	Percent	Number	Percent
-20 or more	3	2	2	1
-15 to -19	3	2	5	3
-10 to -14	3	2	5	3
-5 to -9	6	3	5	3
-1 to -4	4	2	8	4
0 to +4	42	23	42	22
+5 to +9	40	22	36	19
+10 to +14	50	27	56	29
+15 to +19	12	7	13	7
+20 or more	21	12	19	10

Table 11 indicates that almost 6 students in 10 raised their reading scores by a half a year or more and that a third showed increases of one year or more. In mathematics 65% raised their scores by a half a year or more and almost half of the students demonstrated increases of a year or more. These increases would compare favorably to those found in the general population and are of greater magnitude than would presumably be found in a population of disadvantaged children.

IV. Attendance Records

TABLE 11 A

Comparison of Mean Absences for

1970-71 and 1971-72

N = 153

	1970-71	1971-72
Mean	9.56	8.25
S.D.	10.99	9.24

t = 1.51 (not significant at .05 level)

There was a decline of 1.3 days in the mean absentee rate between the two years but the difference did not prove to be significant. The absence mean in 1970-71 was below that expected for a disadvantaged group of children--less than an average of 1 day absent per month. There was little room for improvement and a significant change would have been extremely difficult to achieve.

V. Students' Attitudes

TABLE 12

Responses to the My School Attitude Survey

(N = 226)

Item	Yes		Sometimes		No	
	N	%	N	%	N	%
1. The teachers in this school want to help you.	171	76	43	19	11	5
2. The teachers in this school expect you to work too hard.	64	28	81	36	81	36
3. The teachers in this school are really interested in you.	96	42	90	40	40	18
4. The teachers in this school know how to explain things clearly.	122	54	80	35	24	11
5. The teachers in this school are fair.	103	46	72	32	51	23
6. The children in this school fight too much.	94	42	66	29	65	29
7. This school building is a pleasant place.	128	57	41	18	56	25
8. The principal in this school is friendly.	144	64	55	25	25	11
9. The work at this school is too hard.	42	19	87	39	95	42
10. What I am learning will be useful to me.	166	73	34	15	26	12
11. The trip to and from school is too long.	60	27	24	11	142	63
12. I wish I didn't have to go to school at all.	64	28	71	31	96	42
13. This is the best school I know.	113	50	19	8	94	42
14. The work at this school is too easy.	27	12	87	39	111	49
15. I work hard in school but don't seem to get anywhere.	75	33	75	33	75	33
16. I've learned more this year than other years.	152	67	27	12	47	21
17. The children in this school are friendly.	92	41	101	45	33	15
18. The children in this school help you when you need it.	82	36	104	46	39	17
19. The children in this school are a lot like me.	55	24	54	24	117	52
20. The children in this school are fun to be with.	131	58	73	32	22	10

A small number of students were interviewed in an attempt to determine what was meant by a "sometimes" response. It was found that this response seldom represented a negative tendency and where it was not found to represent a neutral response, showed a weak tendency toward the "positive" pole. It also had the meaning of sometimes yes and sometimes no. In view of this clarification the reciprocal of the "no" percents may be a fairer indication of positive attitudes than are the yes percentages.

The items on the survey were classified according to the general areas of attitudes about the school itself, learning, teachers, and peers as follows:

The School - items 7, 8, 11, 12, 13
Learning - items 9, 10, 14, 15, 16
Teachers - items 1, 2, 3, 4, 5
Peers - items 6, 17, 18, 19, 20

Table 13 presents the findings of the combined items into these categories.

TABLE 13

Number and Percent of Combined Responses to My School Attitude Survey According to Category

Category	Yes		Sometimes		No	
	N	%	N	%	N	%
School	634	56	205	18	302	26
Learning	604	53	313	28	219	19
Teachers	584	51	368	32	192	17
Peers	429	38	403	35	311	27

None of the "yes" percentages reach the 60% criterion set in the evaluation design. However, if we apportion at least a third of the "sometimes" responses to the "yes" as seems warranted by the student interviews, the criterion would be met in the categories of attitudes towards school, learning, and teachers.

Table 14 indicates that students who were referred for noncompliance with school routines improved the most while students whose problems related to overt aggression showed less improvement. While in all categories, at least half of the students referred showed at least "some" improvement, the behavioral changes tended to be moderate.

TABLE 14

Chi Square Values of

Behavioral Changes

	No Improvement %	Some Improvement %	Chi Square
Non Compliance	21	79	15.04**
Verbal Aggression--Peers	43	57	.375*
Verbal Aggression--Staff	42	58	.17**
Damage to Property	3	12	(doesn't meet chi2 assumption)
Physical Aggression--Peers	16	65	1.05*
Physical Aggression--Staff	1	2	(doesn't meet chi2 assumption)

**Significant at .01 level
* Not significant at .05 level

Only the Chi Square of the students referred for noncompliance with school routines was significant.

All this data as a whole indicates that the evaluation criterion has been met. At least 60% of the students were judged by teachers to have shown at least moderate improvement in five of the six areas in Table XV. In the sixth area the results fell short of the criterion standard by only two percentage points.

Only slightly more than 25%"no" responses were recorded in any of the categories. An interesting finding is that the subjects had less favorable attitudes towards their peers than towards any of the other three categories. Whether this reflects socio-economic, ethnic, and/or interpersonal problem deserves further study.

VI. Behavioral Changes

Teachers were asked to judge whether students who had been referred for discipline or behavior problems had evidenced change after the referrals were made. Table 14 presents the results as reported by teachers.

TABLE 15

Teachers' Judgements of Students' Behavior Subsequent to Referral

		No Improvement		Some Improvement		Good Improvement	
	N	N	%	N	%	N	%
Noncompliance with school routines	114	24	21	68	60	22	19
Verbal aggression towards peers	47	20	43	23	50	4	8
Verbal aggression towards staff	26	11	42	12	46	3	12
Damage to school property	15	3	20	7	47	5	33
Physical aggression towards peers	56	16	29	23	41	7	30
Physical aggression towards staff	3	1	33	2	66	0	0

VII. Students' Attitudes Towards the Clinical and Guidance Services

A questionnaire was administered to the students to determine their feelings about the clinical and guidance workers. Two items were added to the original four questions; item 5 to determine whether students felt the school permitted easy access to the clinical and guidance personnel, and item 6 to ascertain the students' perceptions concerning the kind of children seen by the workers. Table 16 presents the results of this questionnaire.

TABLE 16

Responses to Student Questionnaires Regarding Clinical and Guidance Services (N=327)

Item	Response: Yes N	Yes %	Sometimes N	Sometimes %	No N	No %
1. The Guidance Counselor, Social Worker or Psychologist that I saw understood how I felt about things.	222	68	83	25	22	7
2. The Guidance Counselor, Social Worker or Psychologist that I saw was interested in me and tried to help.	288	88	32	10	7	2
3. The Guidance Counselor, Social Worker or Psychologist that I saw did help me.	205	63	92	28	28	9
4. When I need help with a problem or I'm worried about something, I wish I could see the Guidance Counselor, Social Worker or Psychologist.	175	54	105	32	44	14
5. It's easy to get to see the Guidance Counselor, Social Worker or Psychologist when you want to.	77	24	134	41	114	35
6. Most of the children are sent to the Guidance Counselor, Social Worker or Psychologist because they get into trouble at school.	170	52	91	28	64	20

That there are approximately 100 more respondents to this questionnaire as compared to the "My School Attitude Survey," is due to the fact that it was administered about 6 weeks later than the "My School," thereby increasing the number of students meeting the "6 or more contacts" guideline.

Almost nine out of ten students felt that the clinical or guidance worker was interested and trying to be helpful (item 2). More than two thirds of the students thought that the workers understood their feelings and almost two thirds answered that they were in fact, helped by the workers. However, only slightly more than half of the respondents thought of the worker as a possible resource person when confronted with a problem. Fewer than 10% of the students felt that they were neither understood nor helped by the workers.

Item 5 indicates that only about a quarter of the students believed that they could easily make contact with the worker. This may account for the discrepancy between the percentage of students who felt the workers were helpful and the smaller number who would in fact seek out a worker when faced with a problem. Finally, about half of the children believed that referrals to the workers were, primarily, for disciplinary reasons. This was probably a reflection of the fact that referrals were in fact most often made for this reason.

VIII. Teacher Opinions

The teachers questionnaire included a four question section designed to ascertain their appraisal of the clinical and guidance services. The first two questions were open ended, designed to elicit teachers' opinions about the usefulness and short comings of the services. The responses were classified and tabulated, with the results presented in Tables 17 and 18.

TABLE 17

Rank Order of Teacher Responses to the Question,

"In What Way Have the Services Been

Helpful to You?"

Rank	Classified Response	N	%
1.	Provides attention to pupils in need of help	19	23
2.	Pupils seen by workers have shown improvement	18	22
3.	Have provided teacher with insights into student behavior	15	18
4.	Have provided practical suggestions and advice	11	13
5.	Aided in remedial efforts	5	6
6.	Provided parents with insights about their children	4	5
6.	Helped students select high schools	4	5
8.	Evaluation of students	3	4
9.	Enhanced student self understanding	2	2
10.	Provided job information	1	1
10.	Provided aid in making outside referrals	1	1
Total		83	100

TABLE 18

Rank Order of Teacher Responses to the Question,

"What Have been the Shortcomings

of the Services?"

Rank	Classified Response	N	%
1.	The workers don't spend enough time in the school	42	61
2.	Not enough teacher conferences	6	9
2.	Has provided little or no help	6	9
4.	Not enough follow-up with parents	5	7
5.	Service is too delayed	3	4
5.	Students miss too much class time	3	4
7.	No follow-up with teachers	2	3
8.	Lapse in professional conduct	1	1
8.	Overprotected students	1	1
Total		69	99

Over half of the teacher responses in Table 17 allude to the help provided to students and nearly a third of the responses refer to the assistance given to teachers. Only 5% of the responses refer to involvement with parents.

In reference to shortcomings of the program, only 27 responses (39%) could be construed as negative. 61% of the "shortcomings" responses can actually be considered as complimentary as they fall into the category of workers not having enough time in the schools.

Teachers were also asked to provide an overall rating of the services by checking statements that they felt applied.

TABLE 19

Teacher Ratings of

Clinical and Guidance Services

	Rating	N	%
1.	The services have had little or no impact on the children.	10	6
2.	The services have had moderate impact on the children.	34	22
3.	The services have had good or great impact on the children.	36	23
4.	The guidance and clinical workers are accessible and easy to talk to.	65	41
5.	The workers are not accessible nor easy to talk to.	7	4
6.	I am not sure how to use the services.	6	4
		158	100

Almost one quarter of the responses indicated that teachers felt the services were highly useful while an equal number indicated that the services were moderately useful. Only 10% of the responses reflected negative evaluations of the services (items 1 and 5).

IX. Principals' Opinions

Of approximately 150 questionnaires mailed to principals whose schools were receiving clinical and guidance services, 122 questionnaires (81%) were returned. The principals were asked to state how much time per week their respective school could profitably use the services of clinical and guidance workers. Table 20 presents the results of the answers to this question.

TABLE 20

Days/Week of Worker Time Principals

Would Like for Their Schools

(N = 122)

Estimated Days per Week Needed in School	Counselor		Social Worker		Psychologist		Psychiatrist	
	N	%	N	%	N	%	N	%
one	21	17	30	25	37	30	30	25
two	35	29	22	18	22	18	9	7
three	21	17	9	7	15	12	3	2
four	6	5	1	1	0	0	0	0
five	38	31	14	11	9	7	4	3
None cited	1	1	46	38	39	32	76	62
Total	122	100	122	100	122	99	122	99

It is apparent from Table 20 that the principals almost unanimously want more worker time for their schools. The one exception was a principal who, very dissatisfied with the program, preferred to have no services at all.

Additional counselor days were most often requested. Almost a third of the principals felt their school could use a counselor on a full-time basis. A majority of the principals ideally would like to have psychologists and social workers in their schools on a regular basis, a minimum of one or two days a week. A quarter of the principals felt that they could use a psychiatrist on a one-day-a-week basis. The data as a whole indicates that most principals feel more worker time would be useful, and they would like the services of social workers and psychologists on a regular basis, approximately half a week. Counselors should be at a school at least three days a week.

The principals were also questioned about the kinds of services that were being provided and in what areas they wanted more help. Tables 21 and 22 present these results.

TABLE 21

Rank Order of Principals' Perceptions

of Areas in Which Workers were Helpful

(N = 120)

Rank	Area	Distribution of Citations	
		N	%
1.	Treatment of behavior problems	85	71
2.	Follow-up with teachers	84	70
3.	Follow-up with parents	82	68
4.	Treatment of school staff problems	80	67
5.	Assessment of behavior problems	75	63
6.	Assessment of school staff problems	68	57
7.	Educational guidance	67	56
8.	Vocational guidance	62	52
9.	Assessment of educational problems	54	45

A majority of the principals reported that the workers were helpful in eight of the nine categories on the check list. About seven out of ten principals stressed the workers' effectiveness with behavior problems and follow-up with parents and teachers. The areas of educational and vocational guidance, although cited by a majority, seem to have a lower level of priority compared to the concerns of classroom and school management.

TABLE 22

Rank Order of Principals' Opinions

Regarding Areas in Which They

Need More Help
(N = 120)

Rank	Area	Distribution of Citations	
		N	%
1.	Treatment of school staff personnel problems	38	32
2.	Follow-up with parents	36	30
3.	Treatment of behavior problems	30	25
4.	Vocational guidance	28	23
5.	Educational guidance	27	23
6.	Follow-up with teachers	26	22
7.	Assessment of staff problems	26	22
8.	Assessment of educational problems	25	21
9.	Assessment of behavior problems	25	21

Between a fifth and a third of the principals reported that they would like more help in any given area. This should not be confused with the fact that almost every principal reported at least one or two areas in which they wanted more help.

Although at least two-thirds of the principals reported that workers were helpful in working with school staff, parents and behavior problems, these three areas continue to be the ones in which more help is desired. It may well be that these are the three major concerns of administrators in the non-public schools. Educational and developmental areas of concern are again given lower priorities.

Although a space was provided for "other" concerns, only five additional areas of concern not already on the checklist, were cited by principals. Group work was mentioned 4 times while drugs, psychological testing, follow-up with the principal and special classes were mentioned once each.

Finally, the principals were asked the open ended question of what they considered to be strengths and weaknesses of the Clinical and Guidance Program. A list of all the unrelated comments cited only once or twice would be inordinately long and not very meaningful. Table 14 cites those categorized items mentioned by at least three principals.

TABLE 23

Principals' Opinions of Strengths

and Weaknesses of the Program

(N = 120)

Item	Number of Principals Citing Item
Strengths	
1. Workers are dedicated and effective	26
2. Provide teachers with support and help	6
3. Provides diagnosis of educational problems	4
4. Provides help for parents	3
Weaknesses	
1. One or two days a week is inadequate	41
2. More work is needed with parents	24
3. More social worker and psychologist time is needed	16
4. Ineffective worker in the school	7
5. Psychological test results not helpful	4
6. Workers should provide more consultation	3

The results of Table 23 should not be generalized as it was an open-ended question and the principals had stated in answer to an earlier question how they considered the services to be useful. The weakness comments do seem to be loaded with the "wishing for more worker time" factor. "Inadequate time" comments are not negative evaluation of service but rather seem to reflect positive appraisals of the services.

Chapter 4

Results- Interviews and On-Site Observations

The results of this section are based on the impressions and judgements of the evaluation staff of The Teaching & Learning Research Corp. based on visits to sample schools, interviews with the project staff, school staff, and some students and parents. Each of the sample schools was visited during the latter part of 1971 and again late in the Spring of 1972. In addition, interviews were conducted at the Board of Education non public schools office at 141 Livingston Street, Brooklyn, and at the Bureau of Child Guidance Offices in Manhattan.

The Setting in the Schools Receiving Services

The point was made in the first section of this study that clinical and guidance services for children can not be divorced from the total setting of the school in which the services are given. The services must interact with the philosophy and ambience of the school and what transpires in the cutting edge of the classroom. In light of this assumption this section will first examine aspects of the school settings that are relevant to the good functioning of clinical and guidance services.

The first task faced by the workers* was to determine the guidance and mental health context already existing in the schools. This was often a formidable and in many instances an as yet unresolved problem. Interviews with the principals revealed that most did not have a well thought out philosophy, let alone a set of objectives relating to guidance and mental health. Although a few principals had apparently given long and intelligent thought to these questions they constituted but a small minority. When asked about guidance philosophy and objectives most of the principals talked about the identification and treatment of learning and behavior problems. The most widely held point of view was that where a problem existed something was wrong with the child, and that the solution lay in individual remediation or treatment unrelated to anything else that went on in the school. With only few exceptions did principals talk about the school as a system, staff interactions, the planning process, developmental tasks or other areas of concern around which guidance and mental health objectives might be formulated.

In general, the principals were not hostile to a more positive program but rather, they were not accustomed to thinking in these terms. It should be kept in mind that until a few years ago guidance and clinical services in these schools were almost non-existent. When a child seemed to be in trouble the teacher tried to handle the situation as best she could, or the child was referred to an outside agency. There were virtually no professionals in the schools to stimulate and guide thinking about a mental health climate and objectives.

* For the remainder of this report the counselors, social workers, and psychologist, when referred to as a group will be called the "workers".

In light of the fact that the program has been in operation for only six years, the workers do seem to have had an important but limited influence on the schools. A few of the principals spoke enthusiastically about how much they have learned from the workers; how their thinking about guidance and mental health in their school has changed as a result. That the workers have not made a greater impact can be attributed to a number of factors. Some of the principals are simply unwilling to entertain a guidance point of view. They tend to see the school's role as an imparter of information and a transmitter of values. These principals very definitely want the workers to function as diagnosticians, sorters of pupils, advisors for articulation purposes and as resources for student referrals to agencies and clinics. A second factor is the unusually high turnover of principals in these schools. One school has had four principals in the last six years. While this is an extreme example a great many of the schools have had at least one change of principal during the program's operation. Related to this last factor is the turnover of schools in the program and of the workers themselves. In schools new to the program the workers must start their efforts from scratch. On the other hand in some schools there has been a turnover of workers. Although the turnover rate in this program is relatively low it sometimes happens that forces beyond the control of the program supervisors necessitate changes. Finally, the fact that workers are in a school only one or two days a week limits their exposure and the potential impact they might have in influencing school policy and philosophy. They just do not have the time to play a major consultative role.

The on-site observations and interviews indicated some serious problems within the schools which limit what is accomplished through direct service to pupils alone. Many of the schools have significant staff morale problems which negatively affect the mental health climate of the schools. Although the causes of these morale problems are beyond the scope of this study basic aspects of these problems fall within the purview of clinical and guidance workers. Staff, community-school, and teacher-administrator interactions are often well intentioned but very ineffective. Further, in some schools teachers have very limited preparation and experience. In one school only one teacher has earned a bachelor's degree while in other schools teachers are very well prepared academically but have no background in teacher education. In two instances corporal punishment was observed as a means of classroom control. Many more instances of teacher frustration and inability to cope with students constructively were reported. Many of the schools could profit greatly from outside help in better understanding children's needs and in formulating strategies to achieve positive goals.

The workers are very much aware of these problems where they exist and generally want to apply their professional skills to improving the climates of the schools in which they work. However, this is almost impossible, unless the school administration and the staff have a clearly defined purpose and direction.

Physical Facilities and Resources

A. Office Space - Many of the problems cited in the last section can be traced, in large measure, to underfinancing in the non-public schools, which also means that many of the workers operate with minimal or substandard facilities. The investigators rated the facilities found in each of the sample schools, and categorized them as either good, minimal, or unsatisfactory. A facility was given a "good" rating if it afforded privacy, was sufficiently soundproof to preclude others overhearing conversation, was free from intrusion and if the room itself was reasonably comfortable. A rating of "minimal" was given if the facility at least afforded physical and auditory privacy despite other shortcomings. A facility was rated as "unsatisfactory" if it afforded little or no privacy. The following table presents the summary of these ratings.

Table 24

Ratings of Worker Facilities in the Twenty Sample Schools

Rating	Number	Percent
Good	9	45%
Minimal	7	35%
Unsatisfactory	4	20%

In 80% of the schools the facilities were at least minimal or better. The unsatisfactory facilities, however, constitute an intolerable condition. It is very poor practice and detrimental to counseling and appraisal processes to conduct sessions where they can be overheard or where people are constantly walking through.

B. Telephones - As a group, the workers are very tolerant of the physical facilities, and, realizing the space problems in their schools make the best of the situation. They are far more concerned, however, about the telephone problem. In 45% of the sample schools the workers had no telephone extension or separate phone at their disposal. For each incoming or outgoing call the phone in the general office had to be used. This is not only professionlally troublesome but is a great waste of precious time. Since a worker spends a good deal of time on the the phone with agencies, parents, other schools, supervisors, etc. The lack of privacy is an even greater problem. Anyone in the school office, insider or outsider, can overhear the conversation which often involves confidential information.

C. Materials and Supplies - Nine dollars for materials and supplies is allocated to a worker for each day he is assigned to a school. This includes toys and games for use in working with the children. For example a social worker and a counselor, assigned to a school for a total of three days a week can spend $27.00 for supplies and toys for that school. As a set of hand puppets, alone costs close to ten dollars, the allotment doesn't go very far. The workers, as a result, augment their supplies from other sources; the schools often provide such small things as paper and crayons and the workers often spend their own money for other items they like to use in working with the children. Workers do not complain about this, knowing that program funds are very limited.

Generally, the evaluators felt that the support provided by a school i.e. physical facilities and resources, was a fairly good indicator of their degree of acceptance of the program. Those schools which valued the program highly tried very hard to provide whatever they could. It should be noted that some schools are so poor that providing anything at all is a sacrifice and the important indicator is not so much what is actually supplied but the attempts made to do so.

Program Activities

The workers as a group were found to engage in all the program activities as enumerated in the recycling proposal. However, there was variation from school to school and from worker to worker in the amount of time devoted to each activity. Workers in a few schools engaged in all of the activities, while other workers seemed to concentrate their time on a selected few. Each of the activities specified in the proposal will be discussed in this section.

A. Observation of Pupils Individually or in Groups

This activity is conducted in much the same manner as in the public schools. When a child is referred by a teacher the worker attempts to obtain as full a picture as possible in conference with the teacher. Where observation of the child's behavior seems appropriate the worker may visit the classroom. Sometimes the worker abstains from classroom visits if the teacher seems to feel threatened at the idea of being observed. In such instances the worker must be satisfied with what can be learned from the appraisal interviews held with the child. Probably the most limiting factor in terms of observation is the short amount of time per week the workers spend in each school. Due to the workers' stringent schedule there is little time left for visits to the classroom, playground, non curricular activities and the lunchroom.

B. Direct Work with Pupils on Individual and Group Basis as well as Psychological examination where Indicated

Although the nature and extent of student contacts has already been discussed in a preceding section, there are a few additional points to be noted here. Most of the student contacts - and this is particularly true of the counselors - involve crisis situations. These emergencies tend to consume so much time that there is little left for development and application of more basic strategies for a broader and more enduring impact on the school's learning environment. The counselors expressed conflict about constantly applying "bandaides" when they would rather work to prevent the crises before they happen. The schools' expectations for the social workers and psychologists were less structured and consequently, they were often able to develop a somewhat greater range of activities.

Related to the first point is the fact that the workers must divide their time between a number of schools. There were few full-time workers assigned to less than three schools and some had as many as four or five. The title I guidelines and availability of funds dictated this spread but it produced a difficult situation for the workers and was one of the basic determinants of the "band aide" approach.

The workers have done a remarkable job in developing the feeling among students that counselors, social workers, and psychologists are ready to help all students; i.e. a student did not have to be a discipline problem in order to talk to a worker. While interviewing workers, the project staff was interrupted often by youngsters voluntarily wishing to see a worker. In some schools the flow was so steady that the worker could have well spent all day just seeing these students.

C. & D. Teacher Orientation of Non-Public School Staff through Workshops and Staff Meetings

This activity is implemented largely on an informal basis during conferences held between workers and individual teachers. The workers were usually not able to conduct orientation meetings in a more systematic way because to do so would have required very special time provision, on the part of the school. Most teaching schedules in these non-public schools include little or, no provision for free time. Workers were often able to confer with teachers, only by catching them before or after school - (most teachers were reluctant to stay after school for any length of time) - or by stealing a few minutes during class time or during lunch periods. The lunch hour, in fact, was the most often used time for conferences and it was virtually the only time that a worker could hold a session with a group of teachers. This is often no easy task as a teacher who has no respite during the day cherishes her lunch hour.

Exceptions to this general condition were found in about a third of the sample schools and one of them could well serve as a model for what might be accomplished in the way of teacher education. The principal arranged for all but one class to be dismissed early on one afternoon a week. The social worker used this time for a continuing class demonstration using "reality therapy" principles. This was a highly successful program with the enthusiastic principal and teachers feeling they had learned a great deal about how to handle children in a class setting. Although the social worker is in the school only one day a week, he seems to have had a major impact on its learning environment. The essential ingredient for this kind of activity, in addition to the worker's skill is the cooperation and support of the school. In two other schools the psychologists set up programs to instruct teachers in methods of teaching children with learning disabilities. In three additional schools workers managed to find the time to hold small group sessions with teachers with a focus on the problems encountered in classroom work. While these sessions were few in number, they must be viewed as a very positive accomplishment and a sign of developing maturity in the total program.

E. Parental Involvement

The workers were very active in involving parents although largely on an individual basis. During a randomly selected one month period there were a total of two hundred - one individual parent conferences held in the sample schools. Counselors participated in 113 of these conferences while social workers and psychologists held 88 parent conferences. During that period of time there were also four parent workshops and nine small group counseling sessions for parents. In one school an investigator attended ongoing parent group. There were six mothers present and they had been holding

weekly sessions for over a year. All the women were highly pleased with the growth they felt had taken place. They were able to cite a number of important behavioral changes and all felt much more able to cope with their families' problems.

The workers are doing a very creditable job of seeing parents on an individual basis but the very important function of counseling parents in groups is being carried on in only about a quarter of the sample schools. In addition to the time factor there are other problems which make it difficult to hold more parent group activities. The mothers of disadvantaged children either work or have other children at home. Thus most are unavailable for meetings during the day, and the scheduling of evening activities poses other problems. The workers would need released time to hold evening sessions on a regular basis and the schools are very reluctant to lose any of the little worker time that is available to them. It is difficult for the schools to appreciate that working with parents is at least as important as working with the children. Also many of the parents are afraid to be out on the streets in poverty neighborhoods, often high crime areas, after dark.

Despite innumerable difficulties the workers do reach a great number of the parents and are striving to develop a meaningful program in parent education. At present, however, efforts in parent education are still embryonic.

F. Records and Reports

The program coordinators have developed a record and reporting procedure which balances well thoroughness and comprehensiveness on the one hand and brevity on the other. All the workers are required to maintain statistics regarding their contacts and the number and nature of such contacts, and these are submitted to the coordinators' offices in the form of monthly reports. The invertigators found that statistics were readily available and up-to-date. All but a few of the workers found record keeping quite simple with the forms provided and did not mind the procedure. These records serve a real function as they are a good indicator (to the worker, the school, and to the program as a whole) of the way in which time is utilized, and changes which have taken place within a school and within the program. One worker was pleasantly surprised in noting that her direction had shifted from engaging almost entirely in individual appraisal and counseling to working much more with groups and with teachers. She felt that maintaining the statistics gave her a visual picture of what she was doing and served as further incentive to a shift of emphasis. The records were also most helpful to the evaluation staff and were immediately available in the central offices for a random month, for all schools in the sample.

G. Field Supervision

Although the two guidance supervisors, the two social work supervisors, and the psychology supervisor approached their work differently all were judged to be highly qualified professionals. The guidance supervisors have the enormous task of supervising approximately 150 schools between them. This task was doubly difficult as they spent half of each day in the central office, to enable any counselor to contact a supervisor by

phone on any day. Although counselors did find that this made the supervisors extremely accessible for questions and short consultations by phone, this cut down by about half the time that supervisors could spend in the schools. That each of the supervisors was able to visit each of his schools three or four times during the year is a tribute to their endurance as well as their dedication but the necessary brevity of their occassional visits and their afternoon telephone consultation created the model of the supervisor serving as a resource person rather than as a facilitator of professional growth. The supervisors did try hard to fill a facilitative role but the large number of schools they had to serve on a half a day basis restricted their efforts to brief conversations with principals, holding occassional case conferences with school staff and outside interested parties. Beyond this, supervision was, of necessity, individual, brief, and advisory in nature.

There were four psychology supervisors in four borough centers who provided supervision to 21 psychologists who were filling the equivilent of 16.2 positions by the end of the school year.

The social workers were supervised by one full-time person and by the clinical coordinator who devoted part of his time to supervision. Similar to the guidance supervisors, they divided the city between them on a geographical basis and worked out a system whereby they provided supervision partly in the schools and partly in the central offices. Unlike the counselors, all the full-time social workers and psychologists spent four days in the schools and one day in the central office where they accomplished their paper work, consulted with each other, planned and also received supervision. Supervision in the central office removed it from the tensions and hustle and bustle of the school situation, i.e. interruptions, emergencies, and possible adverse criticism by other members of the school staff. However the supervisors recognized that in-school supervision was also valuable for it was only in this way that they could get a real feel for the problems, hold demonstration case conferences with teachers, and consult with staff and principals. This dual supervisory system seemed to work effectively by providing for both advisory supervision and general professional growth. It combined reality with ideal practice and is an excellent step towards the concept of continuous, on-the-job, professional development. In this connection, one supervisor has begun supervising on a group basis which permits all members of the group to contribute to the supervision. The participants felt that this sharing of experiences and ideas enhanced the value of supervision.

H. Referrals to Community Agencies and Out Patient Clinics

The workers seem to be rather pessimistic about making referrals to agencies and clinics. Except for a handful of such resources, they feel that there is just too long a wait or else that not much is accomplished after the referral is made. This attitude is reflected by the number of referrals made during a month's time. There were 25 referrals made in the 20 schools but 13 of these were made in two schools. If these two schools are excluded there is an average of about .5 referrals per school per month. The workers are not unwilling to make referrals, but feel a deep sense of frustration over what they consider to be a woeful lack in quality and quantity of treatment and remedial facilities. Other independent observers would agree that community mental health programs in the poverty neighborhoods of New York are completely inadequate to meet the needs of these communitites.

I. Assisting Students in Selection and Placement in High Schools

This has always been a traditional function of the counselor and in the clinical and guidance program only they engaged in this function; but surprisingly, in only a minority of the sample schools. The major reason is probably that many principals feel a teacher can fulfill this function and that a counselor's time is too valuable and can be more profitably spent in other ways. In other schools the students are all expected to go to religious high schools and therefore selection counseling is not deemed necessary.

Broadening the concept of high school selection and subsuming it under vocational and educational development, the investigators felt that counselor efforts in this direction were minimal. They did not see this as a primary need - nor did most of the schools. In view of the burgeoning number of special and experimental high schools and the upgrading of the vocational high schools in New York City, it seems that more attention to educational and vocational development is warranted. Again the investigators find it difficult to fault the program for this deficiency when a counselor's time is usually divided between three to five schools.

J. Consulting With Principals About Educational Policies

Almost all of the workers consulted with principals regarding individual children, less often about entire classes or teachers and least often about the basic educational policies of the school. The nature of the consultations varied widely and depended on personality factors and perceptions of the worker's role on the part of both principal and worker. In about a quarter of the schools the workers were used as an information resource, with the principals receiving inputs and making decisions based on them. In a majority of schools the workers played a wider consultative role in which decisions about children were made in a collaborative manner with the worker providing not only information

but outlining alternatives and exploring consequences. The program has made great strides over the last few years in this respect, reflecting the fact that the principals have come to depend more and more on the workers for decision making assistance beyond the mere supplying of information. In about half a dozen schools the principals' confidence has developed to the point where the workers views are sought concerning school policy.

Generally interviews with principals conveyed the impression that most began their relationship with workers cautiously and with a "prove yourself to me first" attitude. Indeed, the workers did seem to prove themselves, for most of the principals interviewed were not only enthusiastic about the clinical and guidance services but in many instances expressed the kind of warm regard and trust for the workers which encourages professional relations to flourish. Most principals still feel the workers' proper job should be intervention at the level of one-to-one contact with students, but despite their verbalized beliefs, they have come to learn more and more on the workers' expertise.

K. Supervision and Conducting of Special Activities

Wherever special project were observed they were of high caliber, were educationally meaningful and had wide application to the school as a whole. These special activities many of which have been mentioned elsewhere, include parent workshops, classroom demonstrations, parent group counseling, special learning disability classes and tutoring programs. Most workers communicated a desire to be innovative and to use new strategies. There was the excitment of experimentation but sometimes efforts were not sufficiently placed within a context of goals and objectives. For example some groups, although reflecting good practice, were run without any particular goal in mind other than "giving people an opportunity to talk together."

L. In-Service Training

In this area guidance counselors have less in-service training available than do psychologists and social workers. The Bureau of Child Guidance, through a grant from the National Institute of Mental Health, organized a varied and rich in-service training program including lectures, demonstrations, and workshops. These were conducted by highly qualified specialists and eminent experts in

their fields. During the year psychologists and social workers had an opportunity to learn techniques of therapy, diagnostic procedures, group processes, and approaches to learning problems, and many were able to translate these techniques into practice. The training program seems to have substantially enriched the program.

The counselors, on the other hand, were not able to benefit from a similar structures, in-service program. The counseling program itself had no budget to speak of for training purposes. The guidance coordinator and supervisors made genuine attempts to include meaningful training components at their monthly meetings but the lack of funds was a severely limiting factor.

Professional Roles and Interactions

The previous sections of this report have suggested most of the functions engaged in by workers. It is difficult to distinguish among disciplines (counselors, social workers and psychologists) on the basis of function as there was considerable overlap in roles. While each discipline had a few unique characteristics, beyond those the differences are more a matter of emphasis than strict role definition. The lack of role rigidity resulted in greater effectiveness since the use of individual professional strengths were maximized.

Counselors were seen by both themselves and teachers as more of an integral part of the school staff. The counselors served as a direct link to teachers, who tended to make referrals directly to counselors and seek them out for consultation. Thus, it was mainly the counselor who attended to crises and did most of the initial contact and screening work with the students. At this point counselors diverged in practice. Some saw the social worker or psychologist as more competent to deal with problems involving more complex psycho-social dynamics and referred such children on to the social worker. Others referred all children whose problems were primarily familiar in nature to the social workers. There was no typical pattern aside from the already mentioned inclination of the counselors to refer more complex cases to the clinician. In those schools where counselors worked alone they handled all guidance and clinical functions except for psychological appraisals.

Counselors were unique in assisting students in high school selection, but in many schools the principals assigned eighth grade teachers to this job feeling that it was less important than other counseling activities. Counselors recognized the importance of educational counseling and career development but there was almost no activity in these areas. After attending to services related to program objectives, counselors had little time left to devote to career counseling.

Social workers saw themselves as interventionists in the total school setting, with the goal of facilitating learning through the application of clinical skills. The social workers engaged in small and large group activities, including parent, teacher, and student groups; but their emphasis continued to be on individual work with students and parents. They also preferred to serve as consultants to the school staffs. Although they have not been as successful in this as have the counselors, they are making steady progress in winning the confidence of teachers and principals. The social workers were mainly distinguished by their contacts with community agencies work with families.

The psychologists found themselves in the most difficult position of all. They saw their primary mission as service to the individual child but to accomplish this effectively they had to get involved in the school as a whole. The school staff, on the other hand, viewed the psychologists as psychometricians with their sole function being to test a child and then write a prescription for cure. The principals seemed to have little understanding of the true nature of the appraisal process and the wider skills and insights at the psychologists' disposal. The psychologists have had some impact in changing these perceptions, and have slowly brought teachers and principals to the point of asking "What is the problem?" and "How can the child be helped?" As the psychologists numbers increased to over 16, they have been able to expand their scope of activities in the schools. They have, in some cases, been able to provide teachers with learning exercises for brain damaged children, and methods for working with children with learning disabilities, engage in psychological counseling, hold "reality" class meetings and conduct parent workshops. While the psychologists are beginning to broaden their contacts with staff and community. The greatest obstacle to more effectively changing their image from tester to educational psychologist specialist is that the six psychologists service too many schools. With fixed assignments they could establish their value with less gargantuan efforts. Although the coordinators have recognized this problem and have made a few fixed assignments these have necessarily been limited in light of the fact that 154 schools need to be serviced.

Psychiatric consultation was available to the program for a total of 15 hours per week. Many psychiatric examinations were conducted in the schools. However, because there are more than 150 schools to cover the psychiatric service has had little impact on the workers in the program. The psychiatrist serves as a consultant on problems of differential diagnosis and for cases involving serious mental health problems. This seems to be a purely clinical function although a necessary one. Viewed in the history of school psychiatry, it does not appear that the project psychiatrist can play a more vital educational role. In those relatively few instances where school psychiatrists have had an important influence in a school or district-wide, they have been used as part of an educational policy team rather than as consultants for individual cases. Due to the priorities of this program, however, the psychiatrist's participation is necessarily limited.

Integrating all these professionals into a smooth working team has been and continues to be a major project challenge, and the coordinators have been working conscientiously toward this objective. One of the problems inherent in this task is that the coordinators have inherited a project model simulating the model in the New City Public Schools.

The B.C.G. and the B.E.V.G. are independent bureaus and have historically done relatively little joint planning. In attempting to develop a team, counselors and clinicians have had to overcome a history of relative separateness between the bureaus.

A second factor is that counselors, social workers, and psychologists are seldom at a given school on the same day. Written or telephone communication can not substitute for the give-and-take of personal interchange. The workers all feel they would like to be at a school on the same day but lack of space often makes this impossible. This assumes that each worker requires private office space for most of the school day. If the workers are striving to function to a greater extent at a school-wide level they need to rethink their concept of the team in relation to activities and physical space.

A third factor which hinders the staff's attempts to work as a team is school staff perceptions of the workers. The staffs for the most part feel most comfortable with counselors having more familiarity with the counselor role and perceiving counselors as former teachers with more empathy for teachers' problems. They have less understanding of the social workers role and see it primarily in terms of family assistance. The psychologist is seen as a tester of intelligence and personality. Although the workers are slowly altering these perceptions, the labels they carry still affect the way in which teachers and principals behave towards them.

In summary, labels, perceptions, and administrative divisions have slowed the efforts of the coordinators and the workers to achieve effective team work. On the positive side two joint training meetings were held during the past year. Stereotypes are beginning to break down, schedules to encourage more team work have been set and workers are gaining greater respect for each other's skills and interests. An example of what can be accomplished by a team approach is cited in a newspaper account of a project activity in one school.

"A class of seriously disturbed and cognitively disadvantaged children were placed in a separate class and received intensive, tri-disciplinary diagnostic and therapeutic-remedial attention from a BCG team consisting of a psychiatrist, psychologist, and school social worker. The psychiatrist and psychologist primarily concerned themselves with the intensive evaluation of each child and consulted with teachers, parents, and specific community-based resources so that 1) curriculum could be individually suited to each child's unique abilities and needs, 2) indicated ancillary services could be provided, and 3) children who have the need and potential to profit from future placement in the program could be identified. The social worker directed her efforts towards the implementation of a three-pronged treatment orientation, i.e., home, school, and community."

Although a number of problems have been described in this chapter, the evaluation staff was impressed with what has been accomplished and the further progress that is being made. The coordinators have been successful in selecting a highly skilled and devoted group of workers who have persevered in the face of enormous obstacles and a very limited budget. The generally high professional quality of the project staff can not be over emphasized.

* "Exchange" Journal of Title I, ESEA Non public School Unit Vol. V No. 3 June, 1972.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Major Conclusions

1. The staffs of the non-public schools freely referred students for clinical and guidance services. Students presenting behavior problems were most often referred by teachers, while the second largest group was referred due to unsatisfactory academic performance. Teachers least referred students with family, environmental, and non acting-out personality problems. About three quarters of the students referred to clincial and guidance workers received services. The remainder did not receive services due to the limited number of days that workers spend in a single school.

2. The students in the sample who had six or more contacts with workers during the school year showed significant academic improvement as reflected by teacher ratings and standardized achievement test scores. The mean increases in Reading and Mathematics were more than 8 months. Three quarters of the students improved in the curricular areas of Reading, Language Arts, and Arithmetic, while a bare majority improved in Social Studies and Science.

Substantially all of the program objectives relating to academic progress were satisfied.

3. Attendance records showed no significant improvement. However, because the absentee rate in the preceding year was only 9.6 days per year there was little room for a significant decrease and attendance for this largely disadvantaged group of children was not a major problem.

4. The students who had received services apparently had developed more positive attitudes towards their school, the learning process, and their teachers. Less than a quarter of the students held negative attitudes in these three areas at the end of the school year. However, attitudes towards school-mates seems to have been influenced less by contact with the workers.

5. Students referred for behavior problems and who had been seen at least six times by clinical and guidance workers demonstrated at least moderate improvement in their classroom and school behavior. The evaluation criterion of improvement for 60% of these students was reached.

6. Students were generally satisfied with the quality of the services and the clinical and guidance staff. Almost all of the students felt that the staff tried to be helpful. About two thirds of the children found the workers to be very helpful and understanding

with less than one child in ten reporting outright dissatisfaction.

7. Teachers and principals also valued the clinical and guidance services and the staff workers. They found the services most useful in assisting individual students and less so in working with school personnel.

8. The program has had a significant impact on individual children who were referred for behavior problems or poor scholastic performance. It has had far less influence on the toal learning environment of the schools because of a) the Title one guideline constraints, b) a service model which hinders development of an effective team approach, and c) a lack of development between the schools and the program, of a set of objectives and strategies for meeting those objectives.

9. Many of the schools need much more help not only with individual students but in other areas that strongly impinge upon children's school experiences and progress. Clinical and guidance workers often could give only token attention to these areas because of the limited time they spent in each school. Overall areas and activities that do not receive sufficient attention are:

A) Work with parents
B) Teacher consultation
C) Career Development
D) School problems such as teacher morale, methods of discipline, and educational objectives as related to human development.

A number of other conclusions will be cited as they relate to the recommendations that follow:

Recommendations

1. It is recommended that one-day-a-week assignments be eliminated. A minimum of two days a week at a school is necessary to provide more than emergency service and to contribute positively to the educational climate of the school. This, of course, would require funding at a higher level than that received in the past year.

2. It is recommended that members of the clinical and guidance team be present together in a school at least one day a week. The more the staff is physically separated by time and space factors, the greater the fragmentation in the service with a consequent lessening of impact on the school. Lack of space should encourage workers to engage in a variety of "out of office" activities with groups, classes, teachers, parents, and administrators.

3. It is recommended that an intensive orientation program for the schools be developed. Teachers and principals have very limited and often distorted views of what the services can offer and of the workers' roles. Two day "workshop retreats" with principals, key teachers, and participating program staff should be encouraged to help alleviate the information gap.

4. It is recommended that a combined in-service training program be established for all the staff--including counselors and per diem workers. To insure 100% involvement, the program should be offered during working hours perhaps on a rotating basis. The content should emphasize group work, strategies for dealing with teachers and school problems, and new modes of professional intervention.

5. It is recommended that workers be made more aware of the material resources available to them through the various bureaus and that procedures for obtaining these materials be simplified.

6. It is recommended that the program try to obtain a university affiliation in order to help implement training and program development. A local university would probably be interested in the training and research possibilities afforded by a relatively small and flexible pupil personnel service in New York City. The program would benefit from the infusion of facilities and ideas, as well as increasing service through the addition of college trainees and interns.

7. It is recommended that supervisors restructure training on a practicum model. There are too many workers and too few supervisors to provide meaningful individual supervision. Practicum like supervision would also shift the emphasis to greater sharing of ideas and general professional development.

8. It is recommended that an experimental afternoon and evening center to serve a group of non-public schools be established, thereby providing a vehicle for working with parents who can not be reached during the day. General parent education activities could also be conducted in the center.

9. It is recommended that the center also provide therapeutic and remedial services as resources presently available to workers are largely inadequate.

10. It is recommended that the use of trained paraprofessionals be explored. They might be particularly useful in making family contacts in and out of the school. It is felt that this has been a weak spot in the program. A trained paraprofessional could greatly increase worker productivity in a school.

11. It is recommended that every worker have a private or extension phone at his or her personal disposal. This is essential and guidelines should be rewritten, if necessary, to provide phones.

12. It is recommended that an in-service training program for teachers be established as many of the teachers have had no or inadequate training in dealing with the developmental and educational problems of their students.

13. It is recommended that principals be encouraged to release teachers for consultations, conferences, and group work with the program staff. Shared classes, early school dismissal, and assembly programs are examples of what has been done in some schools.

14. It is recommended that the schools be given a greater role in the policy planning process, thereby increasing school cooperation. The recommended two day conference would be a vehicle for such greater involvement. Similarly, the teams working in the individual schools should plan programs for the schools in consultation with teachers and school administration.

15. It is recommended that minimally satisfactory physical facilities be demanded from all schools. This is not an unreasonable request and those schools not meeting a minimum criterion of satisfactory facilities for clinical and guidance workers should be withdrawn from the program.

The evaluation staff recognizes that the implementation of most of these recommendations would require greater funding, and that the program coordinators are already thinking in some of the directions indicated. The fact is that the program is operating on too restricted a budget for the maintenance of continued high professional standards.

TEACHING & LEARNING

APPENDIX A

Sample for NPS Guidance and
Clinical Services
Evaluation

District	School	Address		
1	St. Brigid	185 E. 7th St.	10009	M
2	St. Francis de Sales	116 E. 97 St.	10029	M
2	St. Patrick	233 Mott St.	10012	M
5	Annunciation	461 W. 131 St.	10037	M
6	Incarnation	570 W. 175 St.	10033	M
7	SS Peter & Paul	838 Brook Ave.	10451	Bx
9	Yeshiva Zichron Moshe	1925 G. Concourse	10453	Bx
10	St. Simon Stock	2195 Valentine Ave.	10457	Bx
12	St. Anthony of Padua	826 E. 166 St.	10459	Bx
14	Holy Ghost Catholic	160 North 5 St.	11211	K
15	St. Augustine Episcopal	165 Conover St.	11231	K
15	Argyrios Fantis School	195 State St.	11201	K
16	Our Lady of Good Counsel	800 Madison St.	11221	K
17	Epiphany Lutheran	721 Lincoln Pl.	11216	K
20	Yeshiva Solomon Kluger	1876 50 St.	11204	K
21	Yeshiva of Brighton	293 Neptune Ave.	11235	K
28	St. Monica	94-19 160 St.	11433	Q
31	Immaculate Conception	104 Gordon St.	S.I.	R
3	Holy Name	202 W. 97th St.	10025	M
19	St. Michael	625 Liberty Ave.	11207	K

APPENDIX B

NPS CG

TEACHING & LEARNING RESEARCH CORP

Name_____ Class_____

School_____

We would like to find out how you feel about school. Here are some things that children have said about their school. Are they true of your school? If so, circle Yes. If sometimes true, circle Sometimes. If not true, circle No.

1.	The teachers in this school want to help you.	Yes	Sometimes	No
2.	The teachers in this school expect you to work too hard.	Yes	Sometimes	No
3.	The teachers in this school are really interested in you.	Yes	Sometimes	No
4.	The teachers in this school know how to explain things clearly.	Yes	Sometimes	No
5.	The teachers in this school are fair.	Yes	Sometimes	No
6.	The children in this school fight too much.	Yes	Sometimes	No
7.	This school building is a pleasant place.	Yes	Sometimes	No
8.	The principal in this school is friendly.	Yes	Sometimes	No
9.	The work at this school is too hard.	Yes	Sometimes	No
10.	What I am learning will be useful to me.	Yes	Sometimes	No
11.	The trip to and from school is too long.	Yes	Sometimes	No
12.	I wish I didn't have to go to school at all.	Yes	Sometimes	No
13.	This is the best school I know.	Yes	Sometimes	No
14.	The work at this school is too easy.	Yes	Sometimes	No
15.	I work hard in school but don't seem to get anywhere.	Yes	Sometimes	No
16.	I've learned more this year than other years.	Yes	Sometimes	No
17.	The children in this school are friendly.	Yes	Sometimes	No
18.	The children in this school help you when you need it.	Yes	Sometimes	No
19.	The children in this school are a lot like me.	Yes	Sometimes	No
20.	The children in this school are fun to be with.	Yes	Sometimes	No

APPENDIX C

CLINICAL GUIDANCE PROGRAM
Nonpublic Schools

STUDENT QUESTIONNAIRE 11

Name _____ Class _____

School _____

We would like to find out how you feel about the special help you have been getting from the Guidance Counselor, Social Worker or Psychologist. If the sentence is true, circle "Yes". If sometimes true, circle "Sometimes". If not true, circle "No".

1. The Guidance Counselor, Social Worker or Psychologist that I saw understood how I felt about things.

   Yes Sometimes No

2. The Guidance Counselor, Social Worker or Psychologist that I saw was interested in me and tried to help.

   Yes Sometimes No

3. The Guidance Counselor, Social Worker or Psychologist that I saw did help me.

   Yes Sometimes No

4. When I need help with a problem or I'm worried about something, I wish I could see the Guidance Counselor, Social Worker or Psychologist.

   Yes Sometimes No

5. It's easy to get to see the Guidance Counselor, Social Worker or Psychologist when you want to.

   Yes Sometimes No

6. Most of the children are sent to the Guidance Counselor, Social Worker or Psychologist because they get into trouble at school.

   Yes Sometimes No

APPENDIX D

CLINICAL & GUIDANCE SERVICES

NONPUBLIC SCHOOLS

TEACHER QUESTIONNAIRE

The attached questionnaire is part of an evaluation of the clinical and guidance services in the Nonpublic Schools. Your responses will be entirely confidential and will be seen only by the evaluation agency. The evaluation report will treat all the schools as a group and will not identify any individual, class or school.

Your initials and grade are asked for only to make sure that all questionnaires are accounted for. Please return this questionnaire in the enclosed stamped, self-addressed envelope.

We would like to know how many students you referred for service and how many of those actually received service. In column A on the following page write the number of students you referred for each reason. If you have not kept records, estimate as well as you can.

In column B write the number of students who actually were seen by the counselor, social worker or psychologist. In the Boy and Girl columns please indicate the numbers of each sex seen. In the improvement columns indicate the number of students who showed no improvement, some improvement or good improvement.

Thank you very much for your cooperation.

Reason for referral

1. Non-compliance with school routines
2. Verbal aggression towards peers
3. Verbal aggression towards staff
4. Damage to school property
5. Drug and/or alchohol use
6. Physical aggression towards peers
7. Physical aggression towards staff
8. Shy, withdrawn behavior
9. Excessive absence or tardiness
10. Possible mental retardation
11. Poor academic work
12. Family problems
13. Perceptual or expressive problems
14. Other: Please Specify

_____

_____

_____

Referred to:								Improvement Shown		
Counselor		Soc. Worker		Psychol.				#	#	#
A	B	A	B	A	B	Boys	Girls	None	Some	Good

Teacher's Initials _____

School _____

Grade _____

II. Please indicate below the number of referrals made to the counselor, social worker or psychologist for poor academic performance, regardless of the cause. Then indicate the number that showed no, some or good improvement by subject area. Also indicate the number that received remedial help from special teachers.

Subject area	Number Referred	# Showing Improvement			Number also receiving help from special teachers
		None	Some	Good	
Reading					
Language Arts					
Arithmetic/Mathematics					
Social Studies					
Science					

III. We would like your appraisal of the clinical and guidance services in your school.

1. In what ways have the services been helpful to you?_____

_____

2. What have been the shortcomings of the services?_____

_____

3. Check the statements that apply:

_____ The services have had little or no impact on the children.

_____ The services have had moderate impact on the children.

_____ The services have had good or great impact on the children.

_____ The guidance and clinical workers are accessible and easy to talk to.

_____ The workers are not accessible and easy to talk to.

_____ I am not sure how to use the services.

4. Please state any other reactions you have about the clinical and guidance services.

_____

_____

_____

_____

Teacher's Initials_____

CGS
NPS

APPENDIX E

Clinical Guidance Program
Nonpublic Schools

PRINCIPAL QUESTIONNAIRE

Name of School _____

1. How many days per week of the following workers' time do you think that your school can use profitably?

	Days/Wk.
Guidance Couselor	_____
Social Worker	_____
Psychologist	_____
Psychiatrist	_____

2. Please place a check mark ( ) next to the types of problems the clinical and guidance workers have been helping your school with, and an asterisk (*) next to areas in which you would like more help.

_____ Treatment of behavior problems (Disruption of classroom or school routine)
_____ Treatment of personal problems (Social, physical or family problems)
_____ Educational guidance
_____ Vocational guidance
_____ Assessment of educational problems
_____ Assessment of behavior problems
_____ Assessment of personal problems
_____ Follow-up with teachers
_____ Follow-up with parents
_____ Others (please specify) _____

3. What is your overall view of the strengths and weaknesses of the clinical and guidance services provided to your school, and what changes would you like to see effected in the program? (Please continue on reverse side.)